

FORM No. 6

STATEMENT TO BE SUBMITTED BY THE EMPLOYER AT THE
COMMENCEMENT OF THE SCHEME

The Kerala Abkari Workers Welfare Fund Scheme, 1990

(See para 28)

1. Name of the institution :
2. Licence No., and other details :
3. Postal address :
4. Whether run by the owner or lessee :
5. Name and address of the owner :
6. Name and address of the occupier :
7. Name and address of the Director :
8. Name and address of the partners :
9. Name and address of the Manager :
10. Name and address of the persons
in charge and responsible for the
conduct of business in the establish-
ment.
11. Other details if any :

Place:

Date:

Signature of the employer and
authorised person.